



October 18, 2013

Austin, TX
5929 Balcones Drive, Suite 200
Austin, TX 78731-4280
Phone: 512.343.2544
Fax: 512.343.0119

VIA ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, D.C. 20554

RE: **WC Docket Nos. 10-90 and 11-42**
Annual Report Pursuant to 47 C.F.R. §§ 54.313 and 54.422

Dear Ms. Dortch:

Dialog Telecommunications, Inc. Study Area Code 269011, by its authorized representative, files its FCC Form 481 - Carrier Annual Reporting Data Collection Form in compliance with 47 C.F.R. §§ 54.313 and 54.422.

The FCC Form 481 has been completed, certified, and submitted to the Universal Service Administrative Company.

A copy of the FCC Form 481 has also been submitted to the state regulatory commission pursuant to §§ 54.313(i) and 54.422(c).

Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jean Langkop".

Jean Langkop
Authorized Representative for
Dialog Telecommunications, Inc.

JL/pjf

Attachment

cc: Mr. Dell Purdy, Dialog Telecommunications

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	269011
<015> Study Area Name	DIALOG TELECOMMUNICATIONS
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Dell Purdy
<035> Contact Telephone Number: Number of the person identified in data line <030>	8067222247
<039> Contact Email Address: Email of the person identified in data line <030>	dpurdy@calldialog.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<input type="text"/> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text"/> 0.0		
<420> Mobile	<input type="text"/>		
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text"/> Dialog Line 510	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text"/> Dialog Line 610	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<035>	Contact Telephone Number - Number of person identified in data line <030>	8067222247
<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

 Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	269011
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com

[illegible]

<010>	Study Area Code	269011
<015>	Study Area Name	DIALOG TELECOMMUNICATIONS
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dell Purdy
<035>	Contact Telephone Number - Number of person identified in data line <030>	8067222247
<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com

1/1/2013	
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-- See attached worksheet	
--	

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**(800) Operating Companies
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dell Purdy
<035>	Contact Telephone Number - Number of person identified in data line <030>	8067222247
<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com
<810>	Reporting Carrier	Dialog Telecommunications Inc.
<811>	Holding Company	Dialog Telecom LLC
<812>	Operating Company	Dialog Telecommunications Inc.

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

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July 2013

<010>	Study Area Code	269011
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<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Dell Purdy
<035>	Contact Telephone Number - Number of person identified in data line <030>	8067222247
<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com
<910>	Tribal Land(s) on which ETC Serves	None

<920> Tribal Government Engagement Obligation

 Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | Select
(Yes,No,
NA) |
|--|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; |
| <922> Feasibility and sustainability planning; |
| <923> Marketing services in a culturally sensitive manner; |
| <924> Compliance with Rights of way processes |
| <925> Compliance with Land Use permitting requirements |
| <926> Compliance with Facilities Siting rules |
| <927> Compliance with Environmental Review processes |
| <928> Compliance with Cultural Preservation review processes |
| <929> Compliance with Tribal Business and Licensing requirements. |

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	269011
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<035>	Contact Telephone Number - Number of person identified in data line <030>	8067222247
<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com

Please check this box to confirm no terrestrial backhaul
 <1120> options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans Dialog Line 1200

Name of attached document (.pdf)

<1220> Link to Public Website HTTP _____

“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	269011
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<030>	Contact Name - Person USAC should contact regarding this data	De11 Purdy
<035>	Contact Telephone Number - Number of person identified in data line <030>	8067222247
<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐
Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

☐
☐
☐
☐
Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

☐
Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
- <2021> Interim Progress Community Anchor Institutions

☐
☐
☐
☐

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	269011
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/> (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
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<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	DIALOG TELECOMMUNICATIONS
Signature of Authorized Officer:	CERTIFIED ONLINE
Date	10/10/2013
Printed name of Authorized Officer:	Dell Purdy
Title or position of Authorized Officer:	VP Regulatory Compliance
Telephone number of Authorized Officer:	8067222247
Study Area Code of Reporting Carrier:	269011
Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dpurdy@calldialog.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

LINE 510 - SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES COMPLIANCE

Dialog Telecommunications Inc. (the Company) complies with applicable service quality standards and consumer protection rules as required by the Public Utility Commission of Texas (PUC) and the Federal Communications Commission.

The rates, terms, and conditions under which the Company operates are outlined in its Local Exchange Tariff, which is filed with the appropriate PSC. The tariff is available for customer review in the Business Office, as requested. Rates and terms of service are disclosed to customers upon application for service both verbally and in writing as part of a packet of information for new customers. Rates, applications and certain terms of service are also available on the Company's website.

Service quality standards are established by the PSC and the Company complies with service quality standards required of non-dominant local exchange carriers by the PSC's rules.

The protection of customers' privacy and information is of utmost importance and the Company has a policy and established operating procedures that comply with the FCC's Customer Proprietary Network Information (CPNI) rules (47 C.F.R. §§64.2001-64.2011). Certification of the Company's compliance with CPNI rules and a description of the Company's operating procedures that ensure compliance are filed at the FCC annually.

LINE 610 - ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Dialog Telecommunications Inc. (the Company) is able to function in emergency situations. The Company has a reasonable amount of back-up power to ensure functionality without an external power source. Standby power generators are supplied at the central office for use at the central office, remote switch sites, and repeater sites to ensure functionality without an external power source until power is restored. The network is capable of managing traffic spikes resulting from emergency situations.

The Company is able to reroute traffic around damaged facilities. Although the Company's ability to reroute traffic around damaged facilities is not absolute and may be limited in certain circumstances, there is a restoration plan in place for expeditious recovery of service, including splicing of damaged facilities when warranted.

LINE 1200 – TERMS AND CONDITIONS FOR LIFELINE CUSTOMERS

Dialog Telecommunications Inc. (the Company) offers Lifeline subscribers federal and state Lifeline discounts to a stand-alone residential local exchange access line rate as described in its tariff. The local exchange access line rate includes an unlimited amount of local calling minutes. Additional charges for toll calls associated with the stand-alone residential access line are billed at the rates of the long distance carrier chosen by the subscriber. Any bundles including voice telephony that are available to residential service subscribers, are also available to Lifeline subscribers. Attached are pages from the Company's Mississippi P.S.C. Tariff No. 1, and Kentucky Tariff Number 4 describing rates, terms and conditions.

Basic LifeLine Service - General

LifeLine is a basic phone service that is limited to customers that are receiving certain government benefits or if the family income is less than the federal poverty level or if the family income is at or below 135% of the Federal Poverty Guidelines. Customers must provide proof of eligibility and provide on an annual basis proof of current support or income

Federal baseline support of \$9.25 is available for each LifeLine service and is passed through to the subscriber. The amount of credit will not exceed the charge for local service.

One low income credit is available per household and is applicable to the primary residential connection only. The named subscriber must be a current recipient of any of the low income assistance programs identified in 3.7.1 below. Since the Lifeline credit is applicable to the primary residential connection only, it may not be applied to a multiple line package local service offering.

The Federal Universal Charge will not be billed to Lifeline customers.

Lifeline is only available to customers within the Company's certificated area.

3.7.1 Eligibility Requirements

To be eligible for a Lifeline credit, a customer must be a current recipient of any one of the following low income assistance programs:

- a. Temporary Assistance to Needy Families (TANF), previously known as AFDC
- b. Supplemental Security Income
- c. Food Stamps
- d. Medicaid
- e. Low Income Home Energy Assistance Program (LIHEAP)
- f. Federal Public Housing Assistance (FPHA)
- g. National School Lunch Program's Free Lunch Initiative

In addition a consumer is considered eligible for Lifeline if the Consumer's household is at or below 135% of the Federal Poverty Guidelines.

Issued: _____

Issued By:
Dell Purdy
VP Regulatory Compliance
4630 50th Street, Ste 402
Lubbock, TX 79414

Effective: _____

3.7.2 Certification

Proof of eligibility in any of the qualifying low income assistance programs must be provided to the Company at the time of application for service. Eligible LifeLine subscribers may enroll in the LifeLine program by signing a document certifying under penalty of perjury that the customer participates in one of the Mississippi LifeLine eligible programs and identifying the program. The Lifeline credit will not be established until proof of eligibility has been received by the Company.

The Company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal laws. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Lifeline plan.

When a customer is determined to be ineligible as a result of an audit, the Company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline credit will be discontinued.

The rate for Lifeline is the Company's tariff rate for basic local Exchange Service less the support as indicated below:

- LifeLine Credit (\$9.25)

Issued: _____

Issued By:
Dell Purdy
VP Regulatory Compliance
4630 50th Street, Ste 402
Lubbock, TX 79414

Effective: _____

3.7.3 LifeLine Rates and Charges

a. General

LifeLine is provided as a monthly credit on the eligible residential subscriber's access line bill for local service.

Service Charges in Section 3.8 are applicable for installing or changing LifeLine service.

A secondary service charge is not applicable when existing service is converted intact to LifeLine service.

b. Rates for Basic Lifeline Service

Monthly Access Charge \$20.00

Note: Custom Calling Features are not allowed with Basic Lifeline Service. There is a \$12.00 per month Rural Surcharge assessed on all BellSouth Zone 3 markets and a \$30.00 per month Rural Surcharge assessed on all BellSouth Zone 4 markets. Zone markets are defined in the BellSouth Local Exchange Tariff.

Issued: _____

Issued By:
Dell Purdy
VP Regulatory Compliance
4630 50th Street, Ste 402
Lubbock, TX 79414

Effective: _____

Section 8 - SPECIAL SERVICES AND PROGRAMS

8.1 LIFELINE TELEPHONE SERVICE

8.1.1 Lifeline Telephone Service Options

a. Life Line Simple Solution Service

This voice service provides a LifeLine Credit of \$(9.25) (C)

or eligible customers.

8.1.2 Eligibility

This voice service is restricted to low income residential customers. To qualify for Lifeline service a customer must be income eligible for benefits from and participate in any one of the following Entitlement Programs:

Supplemental Nutrition Assistance program (SNAP) (C)
Low Income Home Energy Assistance Program (HEAP)
Medicaid
Supplemental Security Income (SSI)
Federal Public Housing Assistance
Temporary Assistance to Needy Families
The National School Lunch Program's Free Lunch Program

In addition a customer is considered eligible for Lifeline if the customer's household (C)
income is at or below 135% of the Federal Poverty Guidelines.

The applicant must provide proof to the Company that he or she is certified as income eligible to receive one or more of the above benefits. After initial contact, the customer is sent an application form to be completed by the customer or authorized representative of the customer, as designated by the appropriate social services agency and identified as so authorized on the customer's card for any of the above benefits.



CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 2 was successfully certified on Thu Oct 10 14:31:32 EDT 2013 by dpurdy@calldialog.com .

SAC : 269011

SPIN : 143027421

Carrier Name : DIALOG TELECOMMUNICATIONS

Program Year : 2014

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